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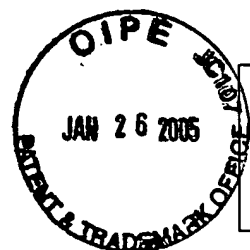
<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	08/984,476
		Filing Date	December 3, 1997
		First Named Inventor	M. Michael Wolfe
		Examiner Name	D. S. Romeo
		Art Unit	1647
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	61033(50927)
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>510.00</b>

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards &amp; Angell, LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>						<b>Small Entity</b>	
						<b>Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		<b>Multiple Dependent Claims</b>		
107	- 107	x	=		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
37	- 37	x	=				
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- 100 =	/50	(round up to a whole number) x	=				
<b>4. OTHER FEE(S)</b>							
							<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2253 Extension for response within third month							510.00

<b>SUBMITTED BY</b>			
Signature	<u>Barbara S. Kitchell</u>	Registration No. (Attorney/Agent)	33,928
Name (Print/Type)	Barbara S. Kitchell	Telephone	(203) 353-6832
		Date	January 26, 2005

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 437823641 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: January 26, 2005	Signature: <u>Edith D. Stillman</u> (Edith D. Stillman)



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Dated: January 26, 2005

Signature:

*Edith D. Sillman*  
(Edith D. Sillman)

Docket No.: 61033(50927)  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
M. Michael Wolfe et al.

Application No.: 08/984,476

Confirmation No.: 2213

Filed: December 3, 1997

Art Unit: 1647

For: SPECIFIC ANTAGONISTS FOR GLUCOSE-  
DEPENDENT INSULINOTROPIC  
POLYPEPTIDE (GIP)

Examiner: D. S. Romeo

**REQUEST FOR EXTENSION OF TIME**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby petitions for a three month extension of time to and including January 26, 2005 to respond to the Office Action mailed July 26, 2004.

This petition is being filed in order to ensure copendency with application being filed concurrently herewith.

In the event that a further petition for an extension of time is required to be submitted at this time, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time for as many months as are required to ensure that the above-identified application does not become abandoned.

Please charge our Deposit Account No. 04-1105 in the amount of \$510.00 covering the fee set forth in 37 CFR 1.17(a)(3). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our

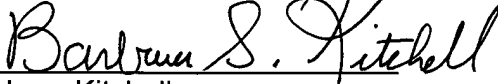
02/01/2005 MMEKONEN 00000088 041105 08984476

01 FC:2253 510.00 DA

Deposit Account No. 04-1105, under Order No. 61033(50927). A duplicate copy of this paper is enclosed.

Dated: January 26, 2005

Respectfully submitted,

By 

Barbara Kitchell

Registration No. 33,928

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